

Solid Foundations Therapy, Inc

5201 Washington St, suite 2, Downers Grove, IL 60515

(630) 633-8532

NOTICE OF PRIVACY PRACTICES FOR Solid Foundations Therapy, Inc

Please read carefully

Effective January 1, 2013

The privacy of your medical information is important to us. You may be aware that the U.S government regulators established privacy rule (HIPAA) governing protected health information. this notice tells you about how it may be used and about your rights.

Use and disclosure of your Protected Health Information (PHI)

Federal law provides that we may use your protected health information (PHI) for treatment of you, without further specific notice to you or written authorization by you. For example, if we refer you to a specialist, we may provide laboratory or test data to that specialist

Federal law provides that we may use your protected health information (PHI) to obtain payment for our services without further specific notice to you, or written authorization by you. For example, under your health plan, we are required to provide them with a diagnosis code for your visit and a description of the services rendered.

Federal law provides that we may use your PHI for health care operations without further specific notice to you, or written authorization by you. For example, our accountant may see your name, dates of treatment and procedure codes during an audit. We may use your information for financial services, quality assurance, risk reduction and claim management purposes with our medical professional liability insurer.

We may use or disclose your PHI without further notice to you, or specific authorization by you where:

1. Required by law
2. Required for public health purposes
3. Required by law to report child abuse
4. Where required by a health oversight agency for oversight activities authorized by law, such as Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct

5. Required by law in judicial or administrative proceedings
6. Required by law enforcement purposes by law enforcement official
7. Required by a coroner or medical examiner
8. Permitted by law to a funeral director
9. Permitted by law for organ donation purposes
10. Permitted by law to avert a serious threat to health or safety
11. Permitted by law and required by military authorities if you are a member of the U.S. armed forces

We may contact you by mail or phone, at your residence, to remind you appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, We may leave a message for you on any answering device or with any person who answers the phone at your residence.

you can make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential manner.

Others uses or disclosures of your PHI will be made only with your written authorization. You have the right to revoke any written authorization that you give.

Rights you have

You have the right to request restrictions on certain uses or disclosures described above. except as stated below, we are not required to agree to such restrictions.

You have the right to inspect and obtain copies of your PHI (a reasonable fee may be charged)

You have the right to request an accounting of any disclosures we make of your PHI, except for: Disclosures we make to you, or to carry out treatment, payment or healthcare operations, or as requested by your written authorization, or as permitted or required under 456 CFR 164.502, or for emergency or notification purposes, or for national security or intelligence purposes permitted by law, or to correctional facilities of law enforcement officials as permitted by law or disclosures made before January 1, 2013 .

You have the right to obtain a paper copy of this notice from our office

Obligations that we have

We are required by law to maintain the privacy of PHI and to provide individuals with notice for our legal duties and privacy practices.

We are required to abide by the terms of this notice as long as it is currently in effect.

We reserve the right to revise this notice and to make new notice effective for all PHI we maintain. Any revised notice will be posted in our office and copies will be available

If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. You may also file a complaint with us. Complaints should be directed to Irene Schreiner, LMFT. I can be reached during regular business hours.

No retaliatory action will be taken against you for complaints filed.